

<b>Case Number:</b>	CM15-0058036		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60 year old male, who sustained an industrial injury on 05/29/2012. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 10/14/2014 the injured worker has reported recurrent pain in the center of lower back with numbness, tingling and weakness in his left leg. On examination of the lumbar spine there was diffuse lumbar tenderness and decreased range of motion was noted, straight leg raise was negative. The diagnoses have included degenerative spondylolisthesis, L4-L5 with lumbar spinal stenosis and neurogenic claudication. Treatment to date has included pain medication, x-rays, bilateral hip replacement surgery and physical therapy. The provider requested L5-S1 Epidural Injection with Sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**L5-S1 Epidural Injection with sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit, however there is no significant long term benefit or reduction for the need of surgery. In addition, guidelines state that routine use of sedation during ESI is not recommended except for patient with anxiety. The current physical examination and CT scan results support radiculopathy at L5-S1; however, there is no documentation that the patient has anxiety. Therefore, the request for L5-S1 Epidural Injection with sedation is not medically necessary.